

2015 Monthly Insurance Premiums for Active Subscribers

EMPLOYER				
	Health	Dental	Life	LTD
Subscriber Only	344.58	11.72	0.28	3.22
Subscriber/Spouse	682.54	11.72	0.28	3.22
Subscriber/Child	528.88	11.72	0.28	3.22
Full Family	854.58	11.72	0.28	3.22

HEALTH EMPLOYEE			
	Savings	Standard	Tricare
Subscriber Only	9.70	97.68	62.50
Subscriber/Spouse	77.40	253.36	121.50
Subscriber/Child	20.48	143.86	121.50
Full Family	113.00	306.56	162.50

TOBACCO SURCHARGE	
Single Coverage	40.00
Non-Single Coverage	60.00

DENTAL EMPLOYEE		
	Basic	Plus
Subscriber Only	0.00	24.58
Subscriber/Spouse	7.64	49.66
Subscriber/Child	13.72	57.26
Full Family	21.34	74.22

VISION	
Subscriber Only	7.00
Subscriber/Spouse	14.00
Subscriber/Child	14.98
Full Family	21.98

DEPENDENT LIFE	
15,000	1.10

SUPPLEMENTAL LTD*		
AGE	90 DAY	180 DAY
< 31	0.00056	0.00045
31 – 40	0.00078	0.00060
41 – 50	0.00154	0.00117
51 – 60	0.00311	0.00239
61 – 65	0.00374	0.00287
> 65	0.00457	0.00351

STEPS TO CALCULATE SLTD MONTHLY PREMIUM

1. Always select floating decimal (F) on your calculator.
2. Divide gross annual salary by 12 to determine monthly salary.
3. Multiply monthly salary by rate factor from table.
4. Drop digits to right of 2 decimal places; do not round.
5. If number is even, this is the monthly premium.
6. If number is odd, add .01, this is the monthly premium.

*Rates effective September 1, 2015.